

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 21-NOV-2015		TIME 22:00:00		2. ADDRESS OF OCCURRENCE 3151 W HARRISON ST CHICAGO, IL 60612			3. LOCATION CODE 280		4. BEAT/OCCUR 1134			
MEMBER INVOLVED	5. POSITION 9161		6. LAST NAME CRUZ		7. FIRST NAME GABRIEL L		8. STAR NO. 2844	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WWH	11. AGE [REDACTED]	12. HT. 602	13. WT. 200
	14. DATE OF APPT. 15-JUL-2013		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 011 4557B		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
SUBJECT INFORMATION	20. LAST NAME MOORE		21. FIRST NAME MICHAEL		22. MI. A		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. 21-JAN-1997		26. HT. 506	27. WT. 140
	28. ADDRESS 620 WILLARD CT ROCKFORD, IL				29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]				34. BY WHOM? [REDACTED]		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid					
	36. CHARGES PLACED 720 ILCS 5.0/31-1-A, 725 ILCS 5.0/110-3				37. CB NO 19226216		IR NO [REDACTED]		DNA <input type="checkbox"/> DNA			
REASON FOR USE OF FORCE (Check all that apply)	38. SUBJECT'S ACTIONS											
	39. MEMBER'S RESPONSE											
WEAPON DISCHARGE INCIDENT	40. ADDITIONAL INFORMATION											
	41. WEAPON TYPE											
	42. INCIDENT OCCURRED											
	43. LIGHTING CONDITIONS											
	44. WEATHER CONDITIONS											
	45. MAKE/MANUFACTURER											
	46. MODEL											
	47. BARREL LENGTH											
	48. CALIBER/GAUGE											
	49. TASER DART ID NO											
CASE INFO.	50. WEAPON SERIAL NO (Include Letters)											
	51. CHICAGO GUN REG. NO.											
	52. IL FIREARM OWNER ID. NO.											
	53. HANDGUN CERTIFICATE NO											
	54. SPECIAL WEAPON CERTIFICATE NO.											
	55. PROPERTY INVENTORY NO											
	56. TYPE OF AMMUNITION USED											
	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER											
	58. TOTAL NO. OF SHOTS MEMBER FIRED											
	59. WHO FIRED FIRST SHOT											
SIGNATURES	60. WAS FIREARM RELOADED DURING INCIDENT											
	61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED											
	62. HOW WAS MEMBER'S HANDGUN WORN											
	63. DID MEMBER USE SIGHTS											
	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD											
	65. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)											
	66. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED											
	67. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON											
	68. POSITION OF MEMBER DISCHARGING WEAPON											
	69. NOTIFICATIONS (OC OR TASER INCIDENT):											
70. NOTIFICATIONS (FIREARM INCIDENT):												
71. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.												
72. REPORTING MEMBER (Print Name) CRUZ, GABRIEL L												
STAR/EMPLOYEE NO. 2844												
SIGNATURE [REDACTED]												
73. REVIEWING SUPERVISOR (Print Name) XIQUES, JOHN C												
STAR NO. 1996												
SIGNATURE [REDACTED]												
DATE REVIEWED 21-NOV-2015 23:26:52												
TIME 21-NOV-2015 23:26:52												

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☒ REFUSED

☐ INTERVIEW NOT CONDUCTED (Specify Reason)

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

R/Lt believes with the information provided at this time that the officer's actions were in compliance with Department procedures and directives.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

HARRIS, DAVID G

SIGNATURE

DATE COMPLETED

TIME

21-NOV-2015 23:43:52

79. TOTAL TRR's THIS EVENT No.

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